



Embracing your beautiful smile!

Social Media Authorization

Patient Name _____

Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Home Phone () _____ Work/Cell Phone () _____

The undersigned does hereby give permission to use photos on the Internet for the Novick Orthodontics Facebook and/or Instagram Page for the above mentioned patient.

___ **Yes**, you may use my/ my child's photo on Novick Orthodontics Facebook page.

___ **Yes**, you may use my/ my child's photo on Novick Orthodontics Instagram page.

___ **No**, you may not use my/ my child's photo on Novick Orthodontics Facebook page.

___ **No**, you may not use my/ my child's photo on Novick Orthodontics Instagram page.

Photo Model Authorization

The undersigned grants permission to Novick Orthodontics PC to reproduce the photographs taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I understand that my name will not be used and will not be sold for any other use. I also understand that I will not be compensated for the use of my photography unless otherwise discussed.

___ **Yes**, I accept.

___ **No**, I decline.

Signature of Parent/Legal Guardian
If Patient Is Under the Age of 18

Date

Learn more at: <http://www.novickorthodontics.com>

Facebook.com/NovickOrthodontics

Follow us on Instagram: @novick_ortho

Darshana Novick, DDS, MS
7351 West North Avenue
River Forest, IL 60305
708.366.2300
Fax: 708.366.2595